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1. CURRENT CORRESPONDENCE ADDRESS (move the Block 1 for any change of address)

23347 7550 12/31/2009

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|                 |                   |
|-----------------|-------------------|
| Reduction Stamp | Examination Stamp |
| Reduction Stamp | Examination Stamp |
| March 26, 2010  | Exam              |

| APPLICATION NO. | FILING DATE | FIRST NAME INVENTOR | ATTORNEY DOCKET NO. | CORRESPONDENCE NO. |
|-----------------|-------------|---------------------|---------------------|--------------------|
| 10655483        | 05/29/2005  | Paul Kenneth Reed   | P334809W            | 4327               |

TITLE OF INVENTION: CAPSULE FOR A POWDER MEDICAMENT

| APPL. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEES DUE | PAY DATE   |
|----------------|--------------|-----------|-----------------|----------------|------------|
| nonprovisional | NO           | \$1510    | \$300           | \$1810         | 03/31/2010 |

| EXAMINER                 | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| LEA, CHRISTOPHER RAYMOND | 1619     | 424-048000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.302)

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB-1221 attached.  
☐ "Fee Address" indication on "Fee Address" Indication form PTO/SB-447, Rev. 03-02, or more recent attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JAMES P. RIEK  
 2.  
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Glaxo Group Limited

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Greenford, Middlesex, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
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☐ A check in the amount of the fees is enclosed  
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☒ The Director is hereby authorized by check the required fee(s), or credit any overpayment, to deposit Account Number 02-5362 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.21. ☐ b. Applicant has no integer claiming SMALL ENTITY status. See 37 CFR 1.21(g)(2).

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Authorized Signature /James P. Riek/ Date 26 March 2010  
 Typed or printed name James P. Riek Registration No. 39,009

This collection of information is required by 37 CFR 1.814. The information is required to obtain a benefit by the public which is in the form of the USPTO's process in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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